

# CDVSA Batterer's Intervention Program

# Monthly Services Report

PROGRAM:	PARTICIPANT ID:	PARTICIPANT NAME (optional):
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Month/Year:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1. Session Attended																															
2. Unexcused Absence																															
3. Excused Absence																															
4. Individual Meeting																															
5. Referral / Service Coordination																															
6. Post Completion Follow Up																															
7. "Duty to Warn" Report Filed																															
8. Follow Up Non-Completing Participant																															
9. Lethality Assessment																															
10. Support Attendance																															

	Date	(Explanation)	Date	(Explanation)	Date	(Explanation)	Notes/Comments:	
Affidavit of Non-Compliance Filed (Outcome)		<input type="checkbox"/> Ordered Back to Program		<input type="checkbox"/> Ordered Back to Program		<input type="checkbox"/> Ordered Back to Program		
		<input type="checkbox"/> Probation Extended		<input type="checkbox"/> Probation Extended		<input type="checkbox"/> Probation Extended		
		<input type="checkbox"/> Jail		<input type="checkbox"/> Jail		<input type="checkbox"/> Jail		
		<input type="checkbox"/> Other_____		<input type="checkbox"/> Other_____		<input type="checkbox"/> Other_____		
		<input type="checkbox"/> No Action		<input type="checkbox"/> No Action		<input type="checkbox"/> No Action		
Discharged (Reason)		<input type="checkbox"/> Bench Warrant		<input type="checkbox"/> Bench Warrant		<input type="checkbox"/> Bench Warrant		
		<input type="checkbox"/> Program Completed		<input type="checkbox"/> Program Completed		<input type="checkbox"/> Program Completed		
		<input type="checkbox"/> Noncompliant		<input type="checkbox"/> Noncompliant		<input type="checkbox"/> Noncompliant		
		<input type="checkbox"/> Moved		<input type="checkbox"/> Moved		<input type="checkbox"/> Moved		
		<input type="checkbox"/> Other_____		<input type="checkbox"/> Other_____		<input type="checkbox"/> Other_____		
Intake:		<input type="checkbox"/> Deceased		<input type="checkbox"/> Deceased		<input type="checkbox"/> Deceased		
		<input type="checkbox"/> Accepted		<input type="checkbox"/> Accepted		<input type="checkbox"/> Accepted		
		<input type="checkbox"/> Not Accepted		<input type="checkbox"/> Not Accepted		<input type="checkbox"/> Not Accepted		
Other (Specify)								